of Gar.	1. PLACE OF BIRTH STANDARD CERTI	TAL STATISTICS Registered No. U C
a number	County District or Township.	State digora or Villago Or Cond St. Ward
KECORD ach, and the	City No. 409 Lose 18th Ward St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Loss Loss Loss Loss Loss Loss Loss Los	
A) . E RETURN must be made for each, and the number more than one	3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth.	of birth Month Day Year
	8. FATHER Full name Jesus Lara	14. Full maiden name Bertruda Kalividad
	9. Residence (Usual place of abode) Miani, Myona If non-resident, give place and state.	15 Residence (Uaual place of abode) Meann, Angona If non-resident, give place and state.
	10. Color or race Mey: Can 11. Age at last birthday 34 (Years)	16 Golor or race Week: Can 17. Age at last birthday 3 (Years)
	12. Birthplace (city or place)	18. Birthplace (city or place) (State or country) 19. Occupation Housewife
	13. Occupation Miner Nature of industry Coffee	Nature of industry
	(Taken as of time of birth of child herein certified and including this child.) (b) Born alive I (c) Stillborn	and now living 4 21. Were precautions taken against oph- thalmia neonatorum?
	I hereby certify that I attended the birth of this child, who was (Born slive or stillborn.) The Miller	
case of mo	or midwife, then the fatter, node-node, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician er midwife).
. B.—In c	Given name added from a supplemental report Month, day, year Registrar	6c1,1927 6-6 Dry Registrar
N Z	11	1-1123-754